STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.	VI	F	2	
		HAL092131	B. WING			0/2016	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PHOENIX ASSISTED CARE 201 WEST HIGH STREET CARY, NC 27513							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
		a Biennial Follow-up Survey Cates and Billy S. Bryant on					
	been corrected hov	sly cited deficiencies have vever some deficiencies leted and require further					
{C 160}	Outside Premises-Clean, Safe		{C 160}				
	(1) The outside gro						
	being maintained in	ation the grounds are not n a safe manner. This could g to the facility to render					
	A. Finding on F	ebruary 10, 2016:					
	lot where the si concrete paving such that it may	ere are areas of the parking ubgrade has failed and the g is badly deteriorated y not support heavy as a fire fighting apparatus.					
{C 166}	Housekeeping-Mai	ntained Free of Hazards	{C 166}				
	SECTION .0300 - F 10A NCAC 13F .03	PHYSICAL PLANT 06 HOUSEKEEPING AND					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
HAL092131		B. WING			R <b>02/10/2016</b>		
	PROVIDER OR SUPPLIER		NDRESS, CITY, STATE, ZIP CODE ST HIGH STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{C 166}	orderly manner, free hazards; (e) This Rule shall facilities.  This Rule is not me II. There are oxyget without any restrain prevent them from or are stored in imperior that are not stored in otherwise restrained knocked over may proceed occupants of the fature.  A. Findings on  2. RCC Office - stored in a sodal II. Based on observe maintained free from hardware along residents who use to the fature.  A. Finding on 0  1. Cross Corridation panic hardware and panic hardware.	es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing  et as evidenced by: in bottles stored in the room ing device or other means to falling or being knocked over proper crates. Oxygen bottles in an oxygen bottle rack or d from falling or being present a danger to the cility.  February 10, 2016: There oxygen bottles a storage crate.  ration the facility was in hazards due to door idents' path of travel that is is. This could effect the ithe path of travel.	{C 166}				
{C 189}	Building Equipment SECTION .0300 - F	Maintained Safe, Operating	{C 189}				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
			A. BOILDING.	VI	F	2
		HAL092131	B. WING			0/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PHOENIX	X ASSISTED CARE	201 WEST CARY, NC	THIGH STRE 27513	EET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 189}	mechanical, and plicare home shall be operating condition (k) This Rule shall facilities with the ex which shall not app  This Rule is not mel. Based on observamaintain fire safety safe condition. Fire be free from opening to resist the spread of a fire. Penetration rated ceilings could facility by allowing five beyond the area of  A. Findings on  1. There is a parangement of the specific examp  a. Med Supply Room - Open of the fire resistant opening into the specific opening into the specific examp.  Findings on Fermal shall be open end.	and all fire safety, electrical, sumbing equipment in an adult a maintained in a safe and apply to new and existing apply to new and existing apply to existing facilities.  Let as evidenced by: Let	{C 189}			
	ii. based on observ	ation the facility is not				

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JQA822 If continuation sheet 3 of 4

l R								
HAL092131 B. WING 02/10/	/2016							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
PHOENIX ASSISTED CARE 201 WEST HIGH STREET CARY, NC 27513								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETE DATE							
{C 189} Continued From page 3 successful in maintaining all fire safety systems, equipment and devices in a safe condition. Failure to maintain fire safety systems and equipment so they function as intended could hamper or delay evacuation of the facility and effect all occupants in the facility in the event of a fire.  A. Findings on February 10, 2016:  4. Kitchen area - There was no access panel to enable the duct smoke detector for the duct serving the kitchen area to be serviced and maintained.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic lock for the fence gate in the courtyard.								

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